

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**Agency Liaison – Level 2**

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item

Date Completed

Qualified Agency Liaison 3

The above listed member has completed the required prerequisite training for the agency liaison - level 2 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE_____
DATE**Familiarization and Preparatory Training**

Task

Evaluator's CAPID and
Date Completed

Complete NIIMS G195 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the agency liaison - level 2 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE_____
DATE**Advanced Training**

Task

Evaluator's CAPID and
Date CompletedComplete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations***Exercise Participation**

The above listed member satisfactorily participated as an agency liaison - level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE_____
DATE

The above listed member satisfactorily participated as a agency liaison - level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE_____
DATE**Unit Certification and Recommendation**

The above listed member has completed the requirements for the agency liaison - level 2 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE_____
DATE